

210000000000000000000000

WYO-210 (06/04)

OFFICE USE ONLY:	
LO#:	
BYE:	

Able To Work
Fact-Finding

Name: _____

SSN: _____

1. What is the reason you were or are unable to work? _____

2. What is the date your disability or inability to work began? _____

A. What is the date you were able to go back to work? _____

3. Did you consult a doctor? Yes _____ No _____

A. If yes, please provide the following information about the doctor and the consultation.

Clinic Name: _____

Doctor's Name: _____

Address: _____

City: _____

State: _____

Phone Number: _____

Most Recent Appointment Date: _____

Your doctor must fill out form WYO-220 Report of Illness or Disability or provide a medical release which includes any limitations or restrictions that you may have.

4. List any restrictions or limitations you have. If none, proceed to question 6. _____

Able To Work (cont)

Name: _____ SSN: _____

5. What type of work are you qualified to do with these limitations? _____

A. Do you have prior experience and/or skills in these types of work? Yes _____ No _____

6. Are you looking for work? Yes _____ No _____

A. If no, why? _____

B. If yes, list work search during this week.

Name of Employer	Date of Contact	Method of Contact	Position Applied	Results

The above facts are true to the best of my knowledge.

I know that to receive benefits, I must be able, available, and actively seeking work.

Claimant Signature: _____ Date: _____

Return to:

Wyoming Department of Employment, Unemployment Insurance Division, P.O. Box 2760, Casper WY 82602